

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

*Art. 19* *Pre-Amend* CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2	1			
10		2		1		
11	1					
12		1				
13		1				
14					1	
15						1
16						1
17						1
18						1
19						1
20						1
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	12	←	9	←	11	←
TOTAL CLAIMS	14		11		13	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						